KENTUCKY BOARD OF LICENSURE FOR OCCUPATIONAL THERAPY LICENSURE REQUIREMENT CHECKLIST

| | Temporary | | |
|-------------|---|----------|--|
| 1. | Application Fee | | |
| 2. | Evidence of completion of educational | | |
| | requirements and / or fieldwork (transcript / FEW) | _ | |
| 3. | Letter from Supervisor: Must state: | | |
| | A. Willing to Provide Supervision | | |
| | B. Responsible for applicant's activities | | |
| 4. | Proof of permission to work in the US (non-citizen) | | |
| 5. | Confirmation of Eligibility letter (NBCOT) | | |
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| | Full Licensure | | |
| 1. | Application Fee | | |
| 2. | Certified copy of college transcript | H | |
| 3. | Copy of large NBCOT certificate or score report | \dashv | |
| 4. | Permission to work in the US (non-citizen) | H | |
| ٦. | T erinission to work in the oo (non-citizen) | | |
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| | Licensed in another state | | |
| 1. | Application Fee | Щ. | |
| 2. | Copy of current or initial large NBCOT certificate | | |
| | or score report | | |
| 3. | Completion of state(s) verification form(s) | _Ц | |
| 4. | Permission to work in the US (non-citizen) | | |
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| | Reinstatement | | |
| 1. | Application Fee | | |
| 2. | Completion of state(s) verification form(s) | Ħ | |
| 3. | Current or initial copy of large NBCOT certificate | Ħ | |
| | or score report | | |
| 4. | Proof of continuing education | | |
| <u> </u> | A. If license has been expired for three (3) years or | | |
| | less, they must show proof of 12 CEUs per year. | | |
| | | | |
| | B. If license has been expired for three (3) years or | J | |